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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/ 501, 588
	Filing Date	14 July 04
	First Named Inventor	Biren J. GHANDI et al.
	Group Art Unit	unassigned
	Examiner Name	unassigned
Total Number of Pages in This Submission	Attorney Docket Number	Sun Pharma

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Preliminary Amendment</b>
Remarks This is the USA National Stage filing counterpart of PCT/ IN03/ 0009.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	<i>J. Mark Pohl</i>
Date	See below date.

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>see below date</u>	
Typed or printed name	Mark POHL, Reg. No. 35-325
Signature	<i>J. Mark Pohl</i>
Date	29 Sept 04

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PTO/SB/17 (10-01)

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$130.00)

**Complete if Known**

Application Number	10/501,588
Filing Date	14 July 2004
First Named Inventor	Biren J. GANDHI
Examiner Name	
Group Art Unit	
Attorney Docket No.	Sun Pharma

**METHOD OF PAYMENT**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number \_\_\_\_\_  
Deposit Account Name \_\_\_\_\_

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	0.00
106 330	206 165	Design filing fee	0.00
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	0.00

SUBTOTAL (1) (\$0.00)

**2. EXTRA CLAIM FEES**

Total Claims: 22  
Independent Claims: 3  
Multiple Dependent: 19

Extra Claims: 20\*\* = 2 x 9.00 = 18.00  
3\*\* = 0 x 43.00 = 0.00  
Multiple Dependent: 0.00 = 0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

\*\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	130.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	0.00
112 830*	112 830*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	216 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	0.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,960	228 980	Extension for reply within fifth month	0.00
119 320	219 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to Institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or reissue)	0.00
143 460	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Processing fee under 37 CFR 1.17(q)	0.00
126 180	126 180	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 900	169 900	Request for expedited examination of a design application	0.00

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$130.00)

**SUBMITTED BY**

Name (Print/Type) Mark POHL  
Signature *[Signature]*

Registration No. 35,325  
(Attorney/Agent)

**Complete if applicable**

Telephone (973) 984-0076  
Date 3 Aug 2004

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Date

*Mark Pohl*

Signature

Mark POHL, Reg. No. 35,325

Typed or printed name of person signing Certificate

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The submitted papers are enumerated on the enclosed Transmittal Form,  
PTO Form SB/21.

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